MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.	107 82017	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP								
1	1							51		3				
2		1						52	1					
3		1						53		1				
4		1						54		1				
5		1						55		1				
6		1						56		1				
7		1						57		1				
8		1						58		1				
9		1						59		1				
10		1						60		1				
11		1						61		4				
12		1						62		4				
13	1							63		4				
14		1						64		4				
15		1						65		4				
16		1						66		4				
17		1						67		4				
18		1						68		4				
19		1						69		4				
20		1						70		4				
21		1						71		4				
22		1						72		(1)				
23		1						73		(1)				
24		1						74		(1)				
25		1						75						
26		1						76						
27		1						77						
28		1						78						
29		1						79						
30		1						80						
31		1						81						
32		1						82						
33		1						83						
34		1						84						
35		1						85						
36		1						86						
37		1						87						
38		1						88						
39		1						89						
40	1							90						
41		1						91						
42		1						92						
43		1						93						
44		3						94						
45		3						95						
46		3						96						
47		3						97						
48		3						98						
49		3						99						
50		3						100						
TOTAL IND.								TOTAL IND.	4					
TOTAL DEP.								TOTAL DEP.	119					
TOTAL CLAIMS								TOTAL CLAIMS	123					